## DECLARATION COMBINED WITH POWER OF ATTORNEY

Page 1 of 2

Attorney Docket No. 8253

As a below named inventor, I hereby declare that:

the specification of which (check one)

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## COMPOUNDS AND METHODS FOR USE THEREOF IN THE TREATMENT OF CANCER OR VIRAL INFECTIONS

[X]	is attached hereto. was filed on as Application Serial No. and was amended on		
I hereby state that I has specification, including the claim	ive reviewed and unders ms, as amended by any	tand the contents of the amendment referred to	e above identified o above.
I acknowledge the dut this application in accordance	y to disclose information with Title 37 Code of Fed		
I hereby claim foreign any foreign application(s) for p below any foreign application f of the application on which price	or patent or inventor's ce	cate listed below and h	ave also identified
Prior Foreign Applicati	on(s)	Priority Claimed []	res [] No
(Number)  I hereby claim the ben States provisional application(s	(Country) efit under Title 35 United s) listed below:	(Day/Month/Year File States Code §119(e)	,
(Application Serial No	(Filing Date)		us: patented, ing, abandoned)
I hereby claim the ben application(s), §365(c) of any F below and, insofar as the subjection in the prior United States application and the national or	ect matter of each of the cation in the manner pro- nowledge the duty to dis lations §1.56 which occu	tion designating the Ur claims of this application vided by the first paragon close material informatered between the filing	nited States, listed on is not disclosed raph of Title 35 tion as defined in
(Application Serial No	(Filing Date)	•	us: patented, ing, abandoned)
(Application Serial No	(Filing Date)		us: patented, ing, abandoned)

I hereby appoint the following as my attorney(s) or agent(s) with full power of substitution to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Attorney Name	Atty Reg. Number		Associate Power of Attorney Attached	
Rose Ann Dabek	28.064		[] Yes	[X] No
Jacobus C. Rasser	37.043	÷		
T. David Reed	32,931			

## SEND CORRESPONDENCE TO:

Rose Ann Dabek The Procter & Gamble Company 5299 Spring Grove Avenue Cincinnati, OH 45217 Phone No.: (513) 627-8824

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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